JUL 0 8 2005 8 3

07-11	-05
-------	-----

09/970,122

Application Number

17530

PTO/SB/21 (09-04)

TRANSMITTAL	Filing Date	October 2, 20	001
FORM	First Named Inventor	Chou, Hou-P	u
	Art Unit	1753	
(to be used for all correspondence after ini	Examiner Name	Phasge, Arur	ı S.
Total Number of Pages in This Submission	Attorney Docket Numb	per 20174C-0025	510US
Total Number of Fages III This Gubhassion			
	ENCLOSURES (Che	ck all that apply)	
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplet Application Reply to Missing Parts under 37 CFR 1.52 or 1.5	Landscape Table Remarks The Commiss Account 20-14	ocation ence Address concerning to the property of the proper	ter Allowance Communication to TC opeal Communication to Board Appeals and Interferences opeal Communication to TC opeal Notice, Brief, Reply Brief) roprietary Information tatus Letter ther Enclosure(s) (please identify elow): , 2, 3 and 4 to Amendment ostcard
SIC	NATURE OF APPLICANT, A	TTORNEY, OR AGEN	<u>T</u>
Firm Name	ownsend and Crew LLP		·
Signature Rub Sh			
Printed name Patrick M. Bouche	er		
Date July 8, 2005		Reg. No. 44,037	
	CERTIFICATE OF TRANSM	//ISSION/MAILING	
Express Mail Label: EV 470767081 US I hereby certify that this correspondence service under 37 CFR 1.10 on this date Alexandria, VA 22313-1450 on the date state.	July 8, 2005 and is addressed to: Ma		
Signature Quinet	L. Newmaster		
Typed or printed name Janet L. N			Date July 8, 2005

BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Fee (\$)	0 8 2005								PTO/SI	3/17 (12-0
Application Number Design Att Unit 1753	Effe	ective on 12/08/2004.	4.4.444			Comp	lete if Kı	nown		
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 65 Attorney Docket No. 20174C-002510US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 20.1430 Deposit Account Name: Townsend and Townsend and Crew LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Lording any additional fee(s) or fee feet on this form. Provide credit card information and authorization on Pitch Canditional fee(s) Lording any additional fee(s) or fee feet on this form. Provide credit card information and authorization on Pitch Canditional fee(s) Lording any additional fee(s) or fee fee feet on this fee fee feet feet feet feet feet feet				Application I	Number	09/97	0,122			
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 65	ADELLIR	KANSIVI	IIIAL	Filing Date		Octob	er 2, 200	01		
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 65	Fo	r FY 200	5	First Named	Inventor	Chou,	Hou-Pu	l		
Art Unit 1753 Altorney Docket No. 20174C-002510US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) VarAINCE Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and subtrictation on Pro-2038 FEE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (3)				Examiner Na	ame	Phase	ge, Arun	S.		
METHOD OF PAYMENT (check all that apply) Check	24 Applicant claims sina	il entity status. Oct	. 07 01 10 1.21	Art Unit		1753				
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 20.1430 Deposit Account Name: Townsend and Townsend and Crew LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments VARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and subtrotation on PTO-2038 FEE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee	TOTAL AMOUNT OF PA	AYMENT (\$) 65	·	Attorney Do	cket No.	20174	IC-0025	10US		/
Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below	METHOD OF PAYME	NT (check all tha	apply)							
Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below	Check Credi	t Card Mor	ev Order No	one Other	(please ide	ntify):				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below		_	-			_	send and	Townsend	and Crev	wIIP
Charge fee(s) indicated below Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments EXAMINATION FEES Small Entity Fee (s) Fee (s) Fee (s) Fee (s) Fee (s) Fee (s) Fee (s) Fee (s) Fee (s) Fee (s) Fee (s) Fee (s) Fee (s) Fee Paid (s) Fee (s) Fee Paid (s) Fee (s) Fee Paid (s)				•				10111100110	Tana Oro	, CLI
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 VARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$)		•			•			evcent fo	or the filir	na foo
Credit any overpayments				_		-, maica	.56 5610₩	, cacept it	vie iiii	.9 .66
Second S	i under 37 C	FR 1.16 and 1.17		⊠ c						
BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Fee (\$)			e public. Credit card l	Information shoul	d not be inc	luded on	this form.	. Provide cr	edit card	
Filing Fee Samil Entity	FEE CALCULATION						_			
Application Type	1. BASIC FILING, SE	ARCH, AND EX	MINATION FEES	3						
Marting Fee (\$) Fee										
Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 EXEXCESS CLAIM FEES Geach claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Cach independent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) Pe highest number of total claims paid for, if greater than 20 Indep. Claims Sar HP =	Application Type								ees Paid	(\$)
Design 200 100 100 50 130 65	Utility	300 15	0 5	00 250	-	200	100			
Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 EXCESS CLAIM FEES See Description Cach claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Cach independent claims 50 25 Cach independent claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Pe highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x = Fees Paid (\$) Fees Paid (\$) Fees Paid (\$) Fees Paid (\$)	, , ,							_		
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 EXCESS CLAIM FEES See Description Cach claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Cach claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 200 100 Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims -20 or HP = x = Fee (\$) Fee Paid (\$) PP = highest number of total claims paid for, if greater than 20 Indep. Claims Sor HP = x = Pee Paid (\$) APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x = Fee Paid (\$) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)	_		-							
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			-							
EXCESS CLAIM FEES Get Description Cach claim over 20 or, for Reissues, each claim over 20 and more than in the original patent and the original pate			•					_		
Fee Description Cach claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Cach independent claim over 3 or, for Reissues, each independent claim more than in the original patent Cach independent claims Autitiple dependent claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee Paid (\$)				•		·	Ū	_	Sm	 all Entit
Cach independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Pee highest number of total claims paid for, if greater than 20 Indep. Claims Fee (\$) Fee Paid (\$) APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)	Fee Description									
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Pe highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP =								•		
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims -20 or HP =			Reissues, each ind	lependent clair	n more th	an in th	ie origini	al patent		
P = highest number of total claims paid for, if greater than 20			Fee (\$)	Fee Paid (\$)	M	ultiple D	ependen	t Claims		100
Indep. Claims -3 or HP =	-20 or Hi	P =	x = _			Fee (\$)	F	ee Paid (\$)	1	
-3 or HP =				Foo Paid (\$)	_				-	
APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Total Shee				rec raid (ψ)						
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof round up to a whole number) Total Sheets	HP = highest number of indep	pendent claims paid fo	r, if greater than 3							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof round up to a whole number) x Fee Paid (\$) Total Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)			1.100 1							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									tor small	entity)
- 100 =									Fee Pai	id (\$)
Non-English Specification, \$130 fee (no small entity discount)										
Non-English Specification, \$130 fee (no small entity discount)	4. OTHER FEE(S)								Fees P	aid (\$)
	• •	cification \$13	0 fee (no small en	tity discount)					. 003 11	<u>1</u> Ψ/
Onivir Dimension y Discinificant (C			(_	65	

SUBMITTED BY			
Signature	Pateli su	Registration No. (Attorney/Agent) 44,037	Telephone 303-571-4000
Name (Print/Type)	Patrick M. Boucher		Date July 8, 2005